



PART B - FEE(S) TRANSMITTAL

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7590

06/01/2004

Michael J Cornelison
Caesar Rivise Bernstein Cohen & Pokotilow LTD
1635 Market Street
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Scott M. Slomowitz	(Depositor's name)
<i>Scott M. Slomowitz</i>	(Signature)
August 30, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/617,340	07/17/2000	Joseph Gross	00.EMT34(C).US (E1067/200	1665

TITLE OF INVENTION: AUTOMATIC SYRINGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAYES, MICHAEL J	3763	604-140000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- Caesar, Rivise,
- Bernstein, Cohen &
- Pokotilow, Ltd!

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ELAN CORPORATION PLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DUBLIN, IRELAND

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0073 (enclose an extra copy of this form).

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(Date)

August 30, 2004

09/02/2004 BSAYAS12 00000016 030075 09617340

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